Image# 14961280942 PAGE 1 / 40

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

TOTAL PA	or Other Than	An Authorized	Committee			Office Use Only
NAME OF TOO COMMITTEE (in full)	YPE OR PRINT		ample: If typir or the lines.	g, type	12FE4M5	
American Health Care A	Association F	Political Action	n Committ	ee		
ADDRESS (number and street)	1201 L Street, N	N				
Check if different						
than previously reported. (ACC)	Washington				DC	20005
2. FEC IDENTIFICATION NUI	MBER ▼	CITY 🛦		5	STATE 🛦	ZIP CODE ▲
C C00006080		3. IS THIS REPORT	\sim	IEW N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)		un 20 (M6)	-	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1) (c) 12-Day	Apr 20 (M4)		ul 20 (M7)	. —	20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2	PRE-E		Primary (12P Convention (General (
October 15 Quarterly Report (Q3	· ·					
January 31 Year-End Report (YE		Election on	M = M /	D D /		in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)		Election for the:	General (30G	i)	Runoff (3	0R) Special (30S)
Termination Report (TER)	пероп	Election on	M = M /	D D /	Y = Y = Y	in the State of
5. Covering Period 05	/ D D / 01	2014	through	M M M	/ 31 /	2014
I certify that I have examined this Type or Print Name of Treasurer	Report and to the	_	wledge and b	elief it is tru	e, correct and	I complete.
Signature of Treasurer Ms. Ro	obin Hillier		[Electronically	Filed]	ate 06	/ 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, erroned	ous, or incomplete	information may so	ubject the pers	on signing th	is Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: 05 01 2014 To: 05 31 2014

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		433429.72
	(b) Cash on Hand at Beginning of Reporting Period	413390.31	
	(c) Total Receipts (from Line 19)	54532.33	324864.55
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	467922.64	758294.27
7.	Total Disbursements (from Line 31)	86292.55	376664.18
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	381630.09	381630.09
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Health Care Association Political Action Committee

(other than loans) From: als/Persons Other blitical Committees ized (use Schedule A) AL (add s 11(a)(i) and (ii) Party Committees blitical Committees c PACs) ntributions (add Lines (b), and (c)) (Carry Line 33, page 5) m Affiliated/Other ttees ceived	49922.44 , 2109.89 , 52032.33 0.00 0.00 52032.33 0.00 0.00 0.00	286504.40 14860.15 301364.55 0.00 5000.00 306364.55 0.00 0.00
political Committees ized (use Schedule A)	2109.89 52032.33 0.00 0.00 52032.33 0.00 0.00	14860.15 301364.55 0.00 5000.00 306364.55
emized	2109.89 52032.33 0.00 0.00 52032.33 0.00 0.00	14860.15 301364.55 0.00 5000.00 306364.55
Party Committees	2109.89 52032.33 0.00 0.00 52032.33 0.00 0.00	14860.15 301364.55 0.00 5000.00 306364.55
AL (add s 11(a)(i) and (ii)	52032.33 0.00 0.00 52032.33 0.00 0.00	301364.55 0.00 5000.00 306364.55
Party Committees	0.00 0.00 52032.33 0.00 0.00	0.00 5000.00 306364.55 0.00
oblitical Committees s PACs) ntributions (add Lines (b), and (c)) (Carry Line 33, page 5) om Affiliated/Other ttees	0.00 52032.33 0.00 0.00	5000.00 306364.55 0.00
ntributions (add Lines (b), and (c)) (Carry Line 33, page 5) om Affiliated/Other ttees	52032.33 0.00 0.00	306364.55
ntributions (add Lines (b), and (c)) (Carry Line 33, page 5) om Affiliated/Other ttees	52032.33 0.00 0.00	306364.55
(b), and (c)) (Carry Line 33, page 5) om Affiliated/Other ttees	0.00	0.00
b Line 33, page 5)	0.00	0.00
om Affiliated/Other ttees	0.00	0.00
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nents Received		
nents Received		
	0.00	0.00
perating Expenditures		
· · · · · · · · · · · · · · · · · · ·	0.00	
	0.00	0.00
	2500.00	17500.00
· ·		
	0.00	1000.00
	,	, , , , , , , , , , , , , , , , , , ,
hedule H3)	0.00	0.00
nds (from Schedule H5)	0.00	0.00
=		
sfers (add 18(a) and 18(b))	0.00	0.00
Can arrest	bebates, etc.) to Line 37, page 5) Contributions Made andidates and Other mittees al Receipts Interest, etc.) m Non-Federal and Levin Funds eral Account chedule H3) Inds (from Schedule H5) Insfers (add 18(a) and 18(b)) Its (add Lines 11(d), 15, 16, 17, and 18(c))	bebates, etc.) to Line 37, page 5)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. (Degrating Expenditures: a) Allocated Federal/Non-Federal		Outonadi Todi to Bato
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(i) Tederal Share		
	(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
	Expenditures	1292.55	6964.18
(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	1292.55	6964.18
	Fransfers to Affiliated/Other Party	0.00	0.00
3. (Committees Contributions to	0.00	0.00
	Federal Candidates/Committees and Other Political Committees	80000.00	359500.00
4. I	ndependent Expenditures		
_ (use Schedule E)	0.00	0.00
5. (Coordinated Party Expenditures		
(2 U.S.C. §441a(d)) use Schedule F)	0.00	0.00
		0.00	0.00
3. L	Loan Repayments Made	0.00	0.00
7 1	oans Made	0.00	0.00
	Refunds of Contributions To:	3.00	0.00
(Individuals/Persons Other Than Political Committees	0.00	200.00
	Than I ollioar committees		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
	(such as PACs)	0.00	0.00
,	D. Talah Casal Talifas Bullanda		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	200.00
	(add Lines 20(a), (b), and (c))		7
9. (Other Disbursements	5000.00	10000.00
0. F	Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(") III - 1 - II OI	0.00	0.00
,	(ii) "Levin" Shareb) Federal Election Activity Paid Entirely	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
`	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
1. 1	Total Disbursements (add Lines 21(c), 22,		
2	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	86292.55	376664.18
	Total Federal Disbursements		
	subtract Line 21(a)(ii) and Line 30(a)(ii)	20000 55	276664.40
t	rom Line 31)	86292.55	376664.18

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

1 LO 1 01111 3X (11ev. 02/2003)		r age 3
III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	52032.33	306364.55
4. Total Contribution Refunds (from Line 28(d))	0.00	200.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	52032.33	306164.55
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1292.55	6964.18
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	1292.55	6964.18

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	R LINE	NU	MBER	PAGE		6	OF		40		
(check only one)											
X	11a		11b		11c		12				
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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Associate	ion Political Action Committee	
Full Name (Last, First, Middle Initial) John Barber Mailing Address 130 E Main Street		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Spartanburg	State Zip Code SC 29306-5113	Transaction ID : C2740213 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer White Oak Management, Inc. Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Executive VP/CFO Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Brad Barnes Mailing Address 62 Wellington Park		Date of Receipt
City Baytown FEC ID number of contributing federal political committee.	State Zip Code TX 77520	05 09 2014 Transaction ID : C2730829 Amount of Each Receipt this Period 500.00
Name of Employer Green Acres of Baytown Receipt For:	Occupation Administrator	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Elton G. Beebe Jr. Mailing Address 1308 Bruton Springs Road City	State Zip Code	Date of Receipt 05 14 2014 Transaction ID: C2745932
Austin FEC ID number of contributing federal political committee.	TX 78733	Amount of Each Receipt this Period 416.00
Name of Employer Burnt Tavern Rehabilation HealthCare Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Owner Aggregate Year-to-Date ▼ 1666.00	
SUBTOTAL of Receipts This Page (optional)	>	5916.00
TOTAL This Period (last page this line number	only)	

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	Statements may not be sold or used by any persole name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Health Care Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial) Elton G. Beebe		Date of Receipt
Mailing Address 763 Avery Blvd N		05 19 2014
City	State Zip Code	Transaction ID : C2740208
Ridgeland	MS 39157	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	5000.00
Name of Employer	Occupation	
Magnolia Management Corporation	President	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	5000.00	
Full Name (Last, First, Middle Initial) Arold Beebe		Date of Receipt
Mailing Address 14 Northtown Dr		M = M / D = D / Y = Y = Y
Ste 202 City	State Zip Code	05 19 2014 Transaction ID : C2745970
Jackson	MS 39211-3018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	275.00
Name of Employer Delco Inc.	Occupation	
Receipt For:	Manager	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	
Full Name (Last, First, Middle Initial) Lyn C. Bentley		Date of Receipt
Mailing Address 2212 Hidden Valley Ln		05 14 2014
City Silver Spring	State Zip Code MD 20904-5240	Transaction ID : C2745941 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.32
Name of Employer	Occupation	
American Health Care Association	Senior Director, Regulatory Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	291.62	* Payroll Deduction: \$41.66 Bi-Weekly
SUBTOTAL of Receipts This Page (optional)		5358.32
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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	and Statements may not be sold or used by any per g the name and address of any political committee	
NAME OF COMMITTEE (In Full)		-
American Health Care Asso	ciation Political Action Committee	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 2414 Greendale Road		05 19 2014
City	State Zip Code	Transaction ID : C2745967
Wilmington	DE 19810-3453	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
KMB Medical Legal Consulting	Owner	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. Heath Boddy		Date of Receipt
Mailing Address 2201 N 98th Street		05 12 2014
City	State Zip Code	Transaction ID : C2730294
Lincoln	NE 68505	Amount of Each Receipt this Period
FEC ID number of contributing	0	
federal political committee.	C	85.00
Name of Employer	Occupation	
Nebraska Health Care Association	State Executive	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	405.00	
Other (specify) ▼	425.00	
Full Name (Last, First, Middle Initial) Jennifer G. Brady		Date of Receipt
Mailing Address 103 Paired Oaks Lane		05 14 2014 _
City	State Zip Code	Transaction ID : C2745935
Wilmington	DE 19807	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	-
Potter Anderson & Corroon LLP	Partner	4
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Curici (Specify)	300.00	
SUBTOTAL of Receipts This Page (options	al)	1085.00
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TOTAL This Period (last page this line nur	mber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)						
$\Big angle$ American Health Care Associat	ion Political Action Committee					
Full Name (Last, First, Middle Initial) Lori Brunholtz		Date of Receipt				
Mailing Address 7361 N. 202nd E. Ave		05 14 2014				
City	State Zip Code	Transaction ID : C2745937				
Owasso	OK 74055	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	1000.00				
Name of Employer	Occupation					
BKD, LLP	Director, Health Care Consulting					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	00 0					
Other (specify) ▼	1000.00					
Full Name (Last, First, Middle Initial) Steven E. Chies	Date of Receipt					
Mailing Address 8624 Mississippi Blvd NW	05 19 2014					
City	State Zip Code	Transaction ID : C2739133				
Coon Rapids	MN 55433	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation					
North Cities Health Care, Inc.	CEO					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial) Christopher Donnellan		Date of Receipt				
Mailing Address 2800 Marshall St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : C2740128				
Falls Church	VA 22042	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation					
AHCA	Government Relations					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	. 199. 194. 10 Pato ₹					
Other (specify) ▼	250.00					
SUBTOTAL of Receipts This Page (optional)		1500.00				
TOTAL This Period (last page this line number	only)					

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)	D. 11.1. 1.4.1.1. 0	
American Health Care Associati	on Political Action Committee	
Full Name (Last, First, Middle Initial) 1. Joanne E Erickson		Date of Receipt
Mailing Address 911 S Randolph St		05 14 2014
City	State Zip Code	Transaction ID : C2745944
Arlington	VA 22204-1564	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	86.96
Name of Employer	Occupation	
American Health Care Association	Editor in Chief, Provider Magazine	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.88	* Payroll Deduction: \$43.48 Bi-Weekly
Full Name (Last, First, Middle Initial) Irene Fleshner	Date of Receipt	
Mailing Address 1688 Floyd Street	M M / D D / Y Y Y Y Y	
City	State Zip Code	05 19 2014 Transaction ID : C2740211
Sarasota	FL 34239	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	137.50
Name of Employer	Occupation	
Genesis HealthCare Corporation	Nurse Executive	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) C. Ron Frazier		Date of Receipt
Mailing Address 500 N King St		05 09 _2014 _
City	State Zip Code	Transaction ID : C2730827
Winnfield	LA 71483-3032	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Winnfield Nursing & Rehab Center	Principal	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	>	724.46
TOTAL This Period (last page this line number of	only)	

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Any information copied from such Reports and or for commercial purposes, other than using the such that the such t	d Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial) Denny Gamble Mailing Address PO Box 52369		Date of Receipt
City Shreveport FEC ID number of contributing federal political committee.	State Zip Code LA 71135-2369	Transaction ID : C2745966 Amount of Each Receipt this Period 1250.00
Name of Employer Guest Care Management Receipt For: Primary General Other (specify) ▼	Occupation Owner Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) 3. Jim W. Gilliam Mailing Address P.O. Box 726 City Hamilton	State Zip Code GA 31811	Date of Receipt 05 19 2014 Transaction ID : C2745963 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Ethica Health & Retirement Communities Receipt For: □ Primary □ General Other (specify) ▼	Occupation Region Vice President Aggregate Year-to-Date ▼ 250.00	250.00
Full Name (Last, First, Middle Initial) James H. Gomez Mailing Address 2201 K St City Sacramento FEC ID number of contributing federal political committee. Name of Employer CA Association of Health Facilities Receipt For:	State Zip Code CA 95816-4922 C Occupation CEO/President Aggregate Year-to-Date ▼	Date of Receipt 05 14 2014 Transaction ID : C2731607 Amount of Each Receipt this Period 1000.00
	1000.00	2500.00
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	and Statements may not be sold or used by any pers ng the name and address of any political committee to							
NAME OF COMMITTEE (In Full)								
American Health Care Asso	ociation Political Action Committee							
Full Name (Last, First, Middle Initial) A. Ronald Goux								
Mailing Address 2045 Highway 59 PO Box 1429		05 13 2014						
City	State Zip Code	Transaction ID : C2730808						
Mandeville	LA 70448-1909	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	833.00						
Name of Employer	Occupation	1						
Gulf South Medical Enterprises	President							
Receipt For:	Aggregate Year-to-Date ▼	1						
Primary General	55 5							
Other (specify) ▼	833.00							
Full Name (Last, First, Middle Initial) 3. Jennifer S Hahs		Date of Receipt						
Mailing Address 12423 Flint Street	05 14 2014							
City	State Zip Code	Transaction ID : C2745946						
Overland Park	Overland Park KS 66213							
FEC ID number of contributing federal political committee.	ÿ							
Name of Employer	Occupation	1						
American Health Care Association	Director, Political Affairs							
Receipt For:	Aggregate Year-to-Date ▼	1						
Primary General Other (specify) ▼	260.88	* Payroll Deduction: \$43.48 Bi-Weekly						
Full Name (Last, First, Middle Initial) C. Glenn Hendrix		Date of Receipt						
Mailing Address 3907 Club Drive		05 04 2014						
City	State Zip Code	Transaction ID : C2726049						
Atlanta	GA 30319	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	250.00						
Name of Employer	Occupation	1						
Arnall Golden Gregory LLP	Attorney							
Receipt For:	Aggregate Year-to-Date ▼	1						
Primary General								
Other (specify) ▼	250.00							
SUBTOTAL of Receipts This Page (option	nal)	1169.96						
TOTAL This Period (last page this line nu	mber only)							

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Sean Hurley Date of Receipt Mailing Address 74 Kingery Drive 2014 16 City State Zip Code Transaction ID: C2736315 TX El Paso 79902 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Medline Industries Account Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Karen Hyatt Date of Receipt Mailing Address 5102 Scenic Dr 2014 05 09 City State Zip Code Transaction ID: C2730831 WA 98908-2229 Yakima Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation **Hyatt Corporation** Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. David A Kyllo Date of Receipt Mailing Address 4621 28th Road South 2014 05 14 City State Zip Code Transaction ID: C2745948 Arlington VA 22206 Amount of Each Receipt this Period FEC ID number of contributing 217.40 С federal political committee. Name of Employer Occupation National Center for Assisted Living **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$108.70 Bi-Weekly 652.20 Other (specify) 1467.40 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Brian Lee Date of Receipt Mailing Address 517 Overdale Road 05 2014 City Zip Code State Transaction ID: C2726713 MD **Baltimore** 21229-2413 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Nexion Health Management, Inc. Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Brett Lessley Date of Receipt Mailing Address PO Box 1023 05 16 2014 City State Zip Code Transaction ID: C2736314 OK Claremore 74018 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Name of Employer Occupation Griffin Management, Inc. Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Tricia Lies Date of Receipt Mailing Address 115 Dutch Lake Trail 09 2014 05 City State Zip Code Transaction ID: C2730825 MN Howard Lake 55349 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation **Tealwood Care Center** Financial Services Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 5750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) William Mantzoukas Date of Receipt Mailing Address 25 Lafayette St 2014 City Zip Code State Transaction ID: C2730807 Marblehead MA 01945 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Owner/Administrator Lafayette Convalescent Home Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Maureen Marchant Date of Receipt Mailing Address 3618 Devonshire Lane 14 05 2014 City State Zip Code Transaction ID: C2745934 IN **Bloomington** 47403 Amount of Each Receipt this Period FEC ID number of contributing 1100.00 federal political committee. Name of Employer Occupation Hospitality House Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) Full Name (Last, First, Middle Initial) c. Bethany R Martino Date of Receipt Mailing Address 8559 Window Latch Way 2014 05 14 City Zip Code State Transaction ID: C2745950 MD Columbia 21045 Amount of Each Receipt this Period FEC ID number of contributing 90.90 С federal political committee. Name of Employer Occupation Vice President, Public Affairs American Health Care Association Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$45.45 Bi-Weekly 227.25 Other (specify) 1440.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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	FOR	R LINE	NU	MBER	:	PAGE	: ′	16 OF		40
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Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial) A. Richard Mendlen Mailing Address 2151 Calle Poco		Date of Receipt
		05 13 2014
City San Diego	State Zip Code CA 92019	Transaction ID : C2730809
San Diego	92019	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	333.00
Name of Employer	Occupation	1
Kennon S. Shea & Associates	coo	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	333.00	
Full Name (Last, First, Middle Initial) Karen Messick		Date of Receipt
Mailing Address 1073 Kensington St. NW		05 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2726064
Walker	MI 49534	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer	Occupation	1
Pilgrim Manor, Inc.	Executive Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) C. Gregory Miller	-	Date of Receipt
Mailing Address 11573 Stablewatch Court		05 06 2014
City	State Zip Code	Transaction ID: C2726823
Cincinnati	OH 45249	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	333.00
Name of Employer	Occupation	1
Health Care Management Group	Vice President, Operations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	333.00	
SUBTOTAL of Receipts This Page (optional).		1666.00
aye (uplicital).		7 7 7
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 17 OF 40 Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE	NUMBER. FAGE 17 OF 40						
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13	14	15	16	17			

Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any personal he name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial) Cornelius Murray Mailing Address 54 State Street City Albany FEC ID number of contributing federal political committee. Name of Employer O'Connell & Aronowitz Receipt For: Primary General Other (specify)	State Zip Code NY 12207 C Occupation Attorney Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Timothy F Nicholson Mailing Address 15 Ocean Harbour Cir City Ocean Ridge FEC ID number of contributing federal political committee. Name of Employer Lyric Health Care Receipt For: Primary General Other (specify)	State Zip Code FL 33435-6207 C Occupation President/CEO Aggregate Year-to-Date ▼ 1666.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Delbert Ousley Mailing Address 300 Provider Court City Richmond FEC ID number of contributing federal political committee. Name of Employer PMD Corporation Receipt For: Primary General Other (specify)	State Zip Code KY 40475-8488 C Occupation President Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 05 14 2014 Transaction ID: C2745940 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional)	>	2916.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 18 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Jon Reardon Date of Receipt Mailing Address 1202 Weiss Street 2014 19 City State Zip Code Transaction ID: C2745958 Saginaw MI 48602-5471 Amount of Each Receipt this Period FEC ID number of contributing C 275.00 federal political committee. Name of Employer Occupation Hoyt Nursing & Rehab Centre Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ben Sanders Date of Receipt Mailing Address 17 Loon Song Lane 05 09 2014 City State Zip Code Transaction ID: C2730830 NH Moultonborough 03254 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Golden View Health Care Director, Special Services Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Paula Sanders Date of Receipt Mailing Address 4708 Laurel Drive 2014 05 05 City State Zip Code Transaction ID: C2726053 PΑ Harrisburg 17110 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Post & Schell, PC Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1525.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Use separate schedule(s) for each category of the Detailed Summary Page

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X 11a 11b 11c 12											
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Full Name (Last, First, Middle Initial)		
Philip Scalo	Date of Receipt	
Mailing Address 100 N County Line Road		05 14 2014
City	State Zip Code	Transaction ID : C2731092
Jackson	NJ 08527-1264	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	625.00
Name of Employer	Occupation	-
Bartley Healthcare	President & CEO	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1250.00	
Full Name (Last, First, Middle Initial) Michael Scharfenberger		Date of Receipt
Mailing Address 7265 Kenwood Road # 300		05 21 2014
City	State Zip Code	Transaction ID : C2745975
Cincinnati	OH 45236-4414	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	137.50
Name of Employer	Occupation	
Nursing Care Management	Executive Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	275.00	
Full Name (Last, First, Middle Initial) Joani Schelm	- I	Date of Receipt
Mailing Address 6330 South 104th Street		05 14 2014
City	State Zip Code	Transaction ID : C2745933
Omaha	NE 68127	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer	Occupation	1
Vetter Health Services, Inc.	Director of Financial Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2500.00	

FOR LINE NUMBER: PAGE 20 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Gerald Schroer Jr. Date of Receipt Mailing Address 1608 Muirfield NW 2014 City Zip Code State Transaction ID: C2745962 OH Canton 44708 Amount of Each Receipt this Period FEC ID number of contributing C 1250.00 federal political committee. Name of Employer Occupation Healthcare Executive TSG Ancillaries Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Stuart H. Shapiro Date of Receipt Mailing Address 315 North 2nd Street 05 06 2014 City State Zip Code Transaction ID: C2726830 PA Harrisburg 17101-1305 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Pennsylvania Health Care Association President Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jamie Shelton Date of Receipt Mailing Address PO Box 1438 2014 05 19 City State Zip Code Transaction ID: C2745968 LA Winnfield 71483 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation COO Central Management Company Receipt For: Aggregate Year-to-Date ▼ Primary General 3000.00 Other (specify) 2750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X) 17

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(che	LINE ck only 11a 13	y on	MBER: e) 11b 14		PAGE 11c 15	21 O 12 16	F	17
ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) American Health Care Association Politic	cal Action Committee	·	·							

/ / mencan realth care Assoc	dation Folitical Action Committee	
Full Name (Last, First, Middle Initial) A. Jennifer S Shimer		Date of Receipt
Mailing Address 9507 Shelly Krasnow Ln		05 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Fairfax	State Zip Code VA 22031-4720	Transaction ID : C2745956
-	22031 4720	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.90
Name of Employer	Occupation	
American Health Care Association	COO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	227.25	* Payroll Deduction: \$45.45 Bi-Weekly
Full Name (Last, First, Middle Initial) 3. Scott Sibigtroth		Date of Receipt
Mailing Address One Medline Place	05 12 2014	
City	State Zip Code	Transaction ID: C2730354
Mundelein	IL 60060	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	-
Medline Health Care Co.	President, National Accounts	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. Howard Sollins		Date of Receipt
Mailing Address 120 E Baltimore St		05 02 2014 _
City	State Zip Code	Transaction ID : C2727453
Baltimore	MD 21202-1605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Ober Kaler	Attorney	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optiona	I)	1590.90
TOTAL This Period (last page this line num	ber only)	

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for each category of the		п. .
Detailed Summary Page	X 11a 11b	110
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	X	11a		11b		11c		12		
		13		14		15		16		17

	nd Statements may not be sold or used by any pers g the name and address of any political committee t						
NAME OF COMMITTEE (In Full)							
angle American Health Care Assoc	ciation Political Action Committee						
Full Name (Last, First, Middle Initial) A. Howard Sollins	Howard Sollins						
Mailing Address 120 E Baltimore St		05 05 2014					
City	State Zip Code	Transaction ID : C2726723					
Baltimore	MD 21202-1605	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	500.00					
Name of Employer	Occupation	1					
Ober Kaler	Attorney						
Receipt For:	Aggregate Year-to-Date ▼						
Primary ☐ General Other (specify) ▼	1000.00						
Full Name (Last, First, Middle Initial) Kevin Unrein	·	Date of Receipt					
Mailing Address 3000 Fieldstone Court	Mailing Address 3000 Fieldstone Court						
City	State Zip Code	05 19 2014 Transaction ID : C2745972					
Augusta	KS 67010	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer LakePoint Nursing Center	Occupation Owner						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00						
Full Name (Last, First, Middle Initial) C. Mark Waldrop		Date of Receipt					
Mailing Address 9686 Bowen Trail		05 19 2014					
City	State Zip Code	Transaction ID : C2745964					
Ooltewah	TN 37363	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	500.00					
Name of Employer	Occupation	-					
Comcast	Customer Account Executive						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	500.00						
SUBTOTAL of Receipts This Page (optional	I)	1250.00					
TOTAL This Period (last page this line num	ber only)						
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for each category of the Detailed Summary Page	X 11a 11b	11c	12	
	13 14	15	16	17

Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Associat	ion Political Action Committee	
Full Name (Last, First, Middle Initial) Bryan Wann Mailing Address 6020 Arden Street		Date of Receipt
Mailing Address 6030 Arden Street		05 09 2014 _
City	State Zip Code	Transaction ID : C2730828
Shreveport	LA 71106	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Cypress Point Nursing & Rehabilitation	Administrator	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) 3. Diana H. Wilks		Date of Receipt
Mailing Address 515 Park Circle		05 21 2014
City	State Zip Code	Transaction ID: C2745978
Forsyth	GA 31029	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer Ethica Health & Retirement Communities	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) C. Mark Woolpert		Date of Receipt
Mailing Address 200 S 13th St Ste 205		05 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Grover Beach	State Zip Code CA 93433-2263	Transaction ID : C2745957 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	5000.00
Name of Employer	Occupation	
Compass Health Care	President/ CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	5000.00	
SUBTOTAL of Receipts This Page (optional)		5800.00
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:				PAGE	2	24	OF	40		
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		13		14		15		16		17

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NAME OF COMMITTEE (In Full) American Health Care Asso	ciation Political Action Committee	
Full Name (Last, First, Middle Initial) Kim Zimmerman		Date of Receipt
Mailing Address 6797 Colby Crossing		05 19 2014
City	State Zip Code	Transaction ID : C2740134
McLean	VA 22046	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
AHCA	VP, Government Affairs	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) LAG Associates LP Managers	1	Date of Receipt
Mailing Address 8028 Ritchie Hwy Ste 210		05 14 2014
City	State Zip Code	Transaction ID: C2745938
Pasadena	MD 21122-1075	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2500.00	PARTNERSHIPpartners below if itemized
Full Name (Last, First, Middle Initial) Gary Attman		Date of Receipt
Mailing Address 8028 Ritchie Highway		05 14 2014
City	State Zip Code	Transaction ID : C2745939
Pasadena	MD 21122-1069	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer	Occupation	-
LAG Associates LP Managers	Owner	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2500.00	*
SUBTOTAL of Receipts This Page (options	al)	2250.00
	<u>_</u>	40000 44
OTAL This Period (last page this line nur	nher only)	49922.44

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 OF 40 (check only one) 11a 11b 11c 12 13 14 15 X 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Health Care Associati	on Politic	cal Action Committee	
Α.	Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS	Date of Receipt		
	Mailing Address 5915 Eastman Avenue Suite 100			05 02 2014
	City Midland	State MI	Zip Code 48640	Transaction ID : C2727452 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C cod	0347476	2500.00
	Name of Employer	Occupation	1	
	Receipt For: 2014 Primary ★ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	Refund of 2/25/14 Contribution
— В.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address	M = M / D = D / Y = Y = Y		
	City	State	Zip Code	Amount of Each Reseint this Period
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
— С.	Full Name (Last, First, Middle Initial)			Date of Receipt
C.	Mailing Address			M M / D D / Y Y Y Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		Amount of Each Necept this Feriou
	Name of Employer	Occupation	ı	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
s	UBTOTAL of Receipts This Page (optional)			2500.00

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2500.00

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S	CHEDULE B (FEC Form 3X)			\neg	FOR	LINE	NUN	/BER	:			PAG	E 26	OF	40
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\setminus	NAME OF COMMITTEE (In Full)														
	American Health Care Association	Politica	I Action Cor	mm	ittee)									
_	Full Name (Last, First, Middle Initial)														
Α.	American Express							oate o	of Dis	sburse			YY	Y	
	Mailing Address PO Box 53773						ı	05	_	0	5		2014		
	,	State	Zip Code					Trans	sacti	ion ID	: D	158856			
	Phoenix Purpose of Disbursement	AZ	85072-3773												
	Credit Card Processing Fees						Δ	moun	t of	Each	Disl	ourseme	ent this	Perio	od
	Candidate Name			С	atego Type	ry/				,			12	2.62	
	Office Sought: House Disburser Senate	Primary	General												
	President	Other (spe	cify) 🔻												
_	State: District:														
R	Full Name (Last, First, Middle Initial)						г)ata o	f Die	sburse	mar	nt			
٥.	American Express												YY	. V	
	Mailing Address PO Box 53773						I.	05			8	/ L	2014	Y	
	City S	State AZ	Zip Code 85072-3773					Trans	sact	ion ID	: D	158857			
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	Office Sought: House Disbursen	nent For:	I												
	Senate	Primary	General												
	State: President District:	Other (spe	cify) 🔻												
	Full Name (Last, First, Middle Initial)														
C.	American Express							ate o	f Dis	sburse	mer	nt			
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	Mailing Address PO Box 53773						Į.	05	٠.	0	9		2014	_	
	City	State	Zip Code												
		AZ	85072-3773					Trans	sact	ion ID	: D	158858			
	Purpose of Disbursement				-	\neg									
	Credit Card Processing Fees						Α	moun	t of	Each	Disl	ourseme	ent this	Perio	bc
	Candidate Name			С	atego Type	ry/							1	6.00	П
	Office Sought: House Disburser	nent For:										,			
	Senate	Primary	General												
	President	Other (spe	cify) 🔻												
_	State: District:														
5	UBTOTAL of Disbursements This Page (optional)					•			Ξ	,		,	14	6.62	
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S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 27 (OF	40				
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	ny information copied from such Reports and Staten for commercial purposes, other than using the nam												
\setminus	NAME OF COMMITTEE (In Full)												
	American Health Care Association	Political A	Action Com	nmittee)								
_	Full Name (Last, First, Middle Initial)												
Α.	American Express					Date o	_	rsem		Y	Y	Υ	
	Mailing Address PO Box 53773					05	<u> </u>	12		_ 2	014		
			Zip Code			Trans	action	ID:	D158	859			
	Phoenix Purpose of Disbursement	AZ 8	35072-3773										
	Credit Card Processing Fees					Amoun	t of Ea	ch D	isburs	semen	t this	Perio	d
	Candidate Name			Catego Type							42	2.66	
		nent For: Primary	General										
		Other (specify	') ▼										
_	State: District:												
D	Full Name (Last, First, Middle Initial)					Data a	f Diala						
Ь.	American Express					Date o			_				
	Mailing Address PO Box 53773					05	/	19			2014	Y	
	-		Zip Code			Trans	saction	ID:	D158	860			
	Phoenix Purpose of Disbursement	AZ	85072-3773										
	Credit Card Processing Fees					Amoun	t of Ea	ch D	isburs	semen	t this	Perio	d
	Candidate Name			Catego Type			,				3	5.46	
	Office Sought: House Disbursen												
		Primary	General										
	President State: District:	Other (specify	′) ▼										
_	Full Name (Last, First, Middle Initial)												
C.	American Express					Date o	t Disbu	ırsen	nent				
	Mailing Address PO Box 53773					05	/	20			014	Y	
	City	State Z	Zip Code										
			35072-3773			Trans	saction	ID:	D158	861			
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	Candidate Name			Catego Type				Ξ			160	0.00	
	Office Sought: House Disbursen												
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SCHEDULE B (FEC Form 3X)			EOD LINE				NE NUMBER: PAGE 28 OF 40									
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\setminus	NAME OF COMMITTEE (In Full)															
$ \rangle$	American Health Care Association	Political	Action Co	nmit	tee)										
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٠.	BB&T Merchant Services											orit.	V = -			
	Mailing Address PO Box 200					-	IVI	о5	1		15	/		2014	= Y	
	City	State	Zip Code				т	rane	sant	ion IC	۱ ۰ ۱	D159	R55			
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	Office Sought: House Disbursen	nent For		ı	ype											
		Primary	General	ral												
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	State: District:	. (5 200	<i>▼</i>													
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C.	BB&T						Da	ate o	f Di	sburse	eme	ent				
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	Mailing Address 1099 New York Ave NW						L	05		2	21	Ш	2	2014		
	Ste 100	N	75.0.1													
	,	State DC	Zip Code 20001-4452				Т	rans	sact	ion ID) : I	D158	853			
	Washington Purpose of Disbursement	50	20001-4402													
	Bank Fees						Δn	noun	ıt of	Each	Di	shure	emen	nt thic	Peri	od
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	Office Sought: House Disbursen	nent For:														
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SCHEDULE B (FEC Form 3X)		FOR LINE	NE NUMBER: PAGE 29 OF 40			
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBELL.			
II LIVIIZED DISBURSENIEN IS	for each category of the	X 21b	22 23 24 25	26		
	Detailed Summary Page	27	28a 28b 28c 29	30b		
Any information copied from such Reports and Stater	nents may not be sold or us	sed by any perso	on for the purpose of soliciting contributions			
or for commercial purposes, other than using the nan						
NAME OF COMMITTEE (In Full)						
$ \; angle$ American Health Care Association	Political Action Cor	nmittee				
Full Name (Last, First, Middle Initial)		İ				
A. BB&T			Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address 1099 New York Ave NW			05 21 2014			
Ste 100	State Zin Code					
City S Washington	State Zip Code DC 20001-4452		Transaction ID : D158854			
Purpose of Disbursement	20001 4402					
Bank Fees			Amount of Each Disbursement this Period	b		
Candidate Name		Category/	005.44	П		
		Type	305.11	_		
Office Sought: House Disburser						
Senate President	Primary General Other (specify) ▼					
State: District:	Other (specify)					
Full Name (Last, First, Middle Initial)						
B.			Date of Disbursement			
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Mailing Address						
City	24-4- 7in Ondo					
City	State Zip Code					
Purpose of Disbursement						
			Amount of Each Disbursement this Period			
Candidate Name		Category/				
000		Туре		4		
Office Sought: House Disburser Senate	nent For: Primary General					
President	Other (specify)					
State: District:	• • • • • • • • • • • • • • • • • • •					
Full Name (Last, First, Middle Initial)						
C.			Date of Disbursement			
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Mailing Address						
City	State Zip Code					
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Purpose of Disbursement						
Candidate Name		Category/	Amount of Each Disbursement this Period	t		
	Candidate Natile					
Office Sought: House Disburser	nent For:	Туре		-		
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
			205 44	7		
SUBTOTAL of Disbursements This Page (optional)		·····•	305.11			
TOTAL This Period (last nage this line number only)			1292.55			

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 30 OF 40				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)			
	Detailed Summary Page	21b	22 🗙 23 24 25 2			
<u> </u>		27	28a 28b 28c 29 3			
Any information copied from such Reports and State or for commercial purposes, other than using the nar	ments may not be sold or use me and address of any politic	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
American Health Care Association	Political Action Com	nmittee				
Full Name (Last, First, Middle Initial)			B (B)			
A. BLUE HEN PAC			Date of Disbursement			
Mailing Address PO BOX 15293			05 07 2014			
City	State Zip Code		Transaction ID D450445			
Washington	DC 20003		Transaction ID : D158115			
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period			
Candidate Name		Category/	5000.00			
0/5		Туре	3000.00			
Office Sought: House Disburse Senate	ment For: Primary General					
President	Other (specify)					
State: District:	Canon (opening)					
Full Name (Last, First, Middle Initial)						
B. Bluegrass Committee			Date of Disbursement			
Mailing Address 400 N Capitol St NW #585 #585			05 27 2014			
Washington	State Zip Code DC 20001		Transaction ID: D158495			
Purpose of Disbursement Contribution		· · · ·	Amount of Each Disbursement this Period			
Candidate Name		Category/ Type	2500.00			
Office Sought: House Disburse	ment For:	.,,,,	,			
Senate	Primary General					
President State: District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
C. Friends of Mark Warner			Date of Disbursement			
Mailing Address 201 North Union Street Suite 350			05 07 2014			
	State Zip Code VA 22314		Transaction ID : D158113			
Purpose of Disbursement Contribution						
Candidate Name			Amount of Each Disbursement this Period			
Sen. Mark Warner		Category/ Type	4000.00			
Office Sought: House Disburse	ment For: 2014					
X Senate	Primary General					
President	Other (specify) ▼					
State: VA District:						
SUBTOTAL of Disbursements This Page (optional)		·····	11500.00			
TOTAL This Period (last page this line number only)	>				

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 31 OF 40				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)			
-	Detailed Summary Page	21b	22 X 23 24 25 2			
Γ		27	28a 28b 28c 29 3			
Any information copied from such Reports and Staten or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)						
American Health Care Association	Political Action Cor	nmittee				
Full Name (Last, First, Middle Initial)						
A. Friends of Mark Warner			Date of Disbursement			
Mailing Address 201 North Union Street Suite 350	7. 0.4		05 07 2014			
City S Alexandria	State Zip Code VA 22314		Transaction ID : D158114			
Purpose of Disbursement	22014					
Contribution		1 11	Amount of Each Disbursement this Period			
Candidate Name		Category/	5000.00			
Sen. Mark Warner		Туре	5000.00			
Senate President	nent For: 2014 Primary					
State: VA District:						
Full Name (Last, First, Middle Initial) B. JIM TRACY FOR CONGRESS			Date of Disbursement			
Mailing Address PO BOX 331677			05 13 2014			
MURFREESBORO	State Zip Code TN 37133		Transaction ID : D158201			
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period			
Candidate Name JIM TRACY		Category/ Type	2500.00			
	nent For: 2014 Primary General Other (specify)					
Full Name (Last, First, Middle Initial) C. MAJORITY COMMITTEE PACMG	C PAC		Date of Disbursement			
Mailing Address P.O. BOX 10134			05 14 2014			
City S BAKERSFIELD	State Zip Code CA 93389		Transaction ID : D158279			
Purpose of Disbursement Contribution			Amount of Fook Dichuronment this Device			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period 5000.00			
Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify)					
2.55						
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			12500.00			

	CHEDULE B (FEC Form 3X)	llee sons	les concrete cohodule(s)				PAGI	32 (OF 40	
IT _	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page (check on 21th			22 🗙 23 🗌 24 📗 25				26 30b	
	y information copied from such Reports and Statem for commercial purposes, other than using the nam									
	NAME OF COMMITTEE (In Full) American Health Care Association	Politica	I Action Cor	nmittee						
_	Full Name (Last, First, Middle Initial)									
A.	Nevada State Democratic Party Mailing Address 409 Horn St				Date of 05	of Disburse	D / Y	2014	Y	
	Las Vegas	State NV	Zip Code 89107-2121		Tran	saction ID	: D158061			
	Purpose of Disbursement Contribution				Amou	nt of Each	f Each Disbursement this Period			
	Candidate Name			Category/ Type			-	5000	0.00	
	President	nent For: Primary Other (spec	General cify) ▼							
_	State: District:									
В.	Full Name (Last, First, Middle Initial) Pioneer PAC					of Disburse		Y	V	
	Mailing Address 1212 N Vernon St				05	1-		2014	Y	
	Arlington	State VA	Zip Code 22201-4832		Tran	saction ID	: D158284			
	Purpose of Disbursement Contribution				Amou	Amount of Each Disbursement this Period			Period	
	Candidate Name			Category/ Type			-	200	0.00	
		nent For: Primary Other (spec	General cify) ▼							
<u> </u>	Full Name (Last, First, Middle Initial) PEOPLE FOR BEN					of Disburse				
	Mailing Address PO BOX 31129			05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				Y		
		State NM	Zip Code 87594		Tran	saction ID	: D158534			
	Purpose of Disbursement Contribution				Amoui	nt of Each	Disburseme	ent this	Period	
	Candidate Name Rep. Ben Ray Lujan			Category/ Type				2500	0.00	
	Senate	nent For: 2 Primary Other (spec	General							
H	UBTOTAL of Disbursements This Page (optional) OTAL This Period (last page this line number only)				F	- 7	7	9500	0.00	

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 33 OF				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only				
	Detailed Summary Page	21b 27	22 X 23 24 28a 28b 28			
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Any information copied from such Reports and State or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)						
American Health Care Association	Political Action Con	nmittee				
Full Name (Last, First, Middle Initial)						
A. CHRIS GIBSON FOR CONGRES	S		Date of Disbursement			
Mailing Address PO Box 247			05 13	2014		
City	State Zip Code		Transaction ID - D459	200		
Kinderhook	NY 12106		Transaction ID : D158	200		
Purpose of Disbursement Contribution			Amount of Each Disburs	sement this Period		
Candidate Name		Category/		2500.00		
Rep. Chris Gibson Office Sought: House Disburse	ement For: 2014	Туре		2000.00		
Senate President	Primary General Other (specify)					
State: NY District: 19						
Full Name (Last, First, Middle Initial)						
B. DANIEL WEBSTER FOR CONGR	RESS		Date of Disbursement	Y		
Mailing Address 3400 OLD WINTER GARDEN RO	DAD		05 13	2014		
City ORLANDO	State Zip Code FL 32805		Transaction ID : D158	199		
Purpose of Disbursement Contribution			Amount of Each Disbur	sement this Period		
Candidate Name		Category/		1000.00		
Rep. Daniel Webster		Туре		1000.00		
	ment For: 2014 Primary General					
President	Other (specify) ▼					
State: FL District: 10						
Full Name (Last, First, Middle Initial)			Data of Bishamana			
C. THE MARKEY COMMITTEE			Date of Disbursement			
Mailing Address PO Box 526			05 28	2014		
City	State Zip Code		Transaction ID - D450	VF.2.0		
Medford	MA 02155		Transaction ID: D158	3532		
Purpose of Disbursement Contribution						
Candidate Name			Amount of Each Disbur	sement this Period		
Edward J. Markey		Category/ Type		1000.00		
•	ment For: 2014	71: -				
Senate President	Primary General Other (specify) ▼					
State: MA District:						
SUBTOTAL of Disbursements This Page (optional).				4500.00		
TOTAL This Period (last page this line number only	·)	·····				

SCHEDULE B (FEC Form 3X)		NUMBER: PAGE 34 OF 40				
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NE NOMBER.			
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	Dotailed Suffilliary 1 age	27	28a 28b 28c 29 30k			
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or for commercial purposes, other than using the nan	ne and address of any politi	cal committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)		•				
American Health Care Association	Political Action Co.	nmittee				
Full Name (Last, First, Middle Initial)		I				
A. SWALWELL FOR CONGRESS			Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address P.O. BOX 2847			05 14 2014			
City	State Zip Code					
DUBLIN	CA 94568		Transaction ID: D158283			
Purpose of Disbursement						
Contribution			Amount of Each Disbursement this Period			
Candidate Name		Category/	1000.00			
Rep. Eric Swalwell		Туре	1000.00			
	nent For: 2014					
Senate President	Primary General Other (specify) ▼					
State: CA District: 15	Other (specify)					
Full Name (Last, First, Middle Initial)						
B. DENHAM FOR CONGRESS			Date of Disbursement			
			M = M / D = D / Y = Y = Y			
Mailing Address 2150 RIVER PLAZA DR #150			05 14 2014			
0.1	7. 0. 1					
City SACRAMENTO	State Zip Code CA 95833		Transaction ID: D158498			
Purpose of Disbursement	30000					
Contribution			Amount of Each Disbursement this Period			
Candidate Name		Category/	6.92			
Rep. Jeff Denham		Type	0.92			
	nent For: 2014					
Senate President	Primary					
State: CA District: 10	Other (specify)					
Full Name (Last, First, Middle Initial)						
C. DENHAM FOR CONGRESS			Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address 2150 RIVER PLAZA DR #150			05 14 2014			
City	24-4- 7:- O4-					
City S SACRAMENTO	State Zip Code CA 95833		Transaction ID: D158277			
Purpose of Disbursement	00000					
Contribution			Amount of Each Disbursement this Period			
Candidate Name		Category/	2402.00			
Rep. Jeff Denham		Type	2493.08			
	ment For: 2014					
Senate President	Other (anality) General					
State: CA District: 10	Other (specify) ▼					
State. Of Biotifot. 10						
SUBTOTAL of Disbursements This Page (optional)			3500.00			
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 35 OF 40				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	(check only one)			
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b			
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Any information copied from such Reports and Statem or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)	, p					
American Health Care Association	Political Action Com	mittee				
/						
Full Name (Last, First, Middle Initial)			D (D)			
A. COURTNEY FOR CONGRESS			Date of Disbursement			
Mailing Address 38 Risley Road			05 28 2014			
•	tate Zip Code		Transaction ID : D158533			
Vernon Purpose of Disbursement	CT 06066					
Contribution			Amount of Each Disbursement this Period			
Candidate Name		Category				
Rep. Joe Courtney		Category/ Type	2500.00			
Office Sought: House Disbursen	ent For: 2014					
	Primary					
State: CT District: 02	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
B. COURTNEY FOR CONGRESS			Date of Disbursement			
- COUNTINE I TON CONCRESS			M = M / D = D / Y = Y = Y			
Mailing Address 38 Risley Road			05 29 2014			
City	tate Zip Code					
Vernon	CT 06066		Transaction ID: D158542			
Purpose of Disbursement						
Contribution			Amount of Each Disbursement this Period			
Candidate Name		Category/	1000.00			
Rep. Joe Courtney Office Sought: House Disbursen	ent For: 2014	Туре				
	Primary General					
	Other (specify) ▼					
State: CT District: 02						
Full Name (Last, First, Middle Initial)						
C. FRIENDS OF JOHN BARROW			Date of Disbursement			
Mailing Address PO BOX 8166			05 13 2014			
Mailing Address PO BOX 8100			03 13 2014			
City	tate Zip Code		Transaction ID : D158202			
	GA 31412		Transaction iD . D 130202			
Purpose of Disbursement Contribution						
Candidate Name		Oata war d	Amount of Each Disbursement this Period			
Rep. JOHN J. BARROW		Category/ Type	1000.00			
	ent For: 2014					
Senate	Primary General					
	Other (specify) ▼					
State: GA District: 12						
CURTOTAL of Diphuraamenta This Dans (authors the			4500.00			
SUBTOTAL of Disbursements This Page (optional)		·····	4500.00			

SCHEDULE B (FEC Form 3X)		NUMBER:	PAGE 36 OF 40			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	(check only one)			
	Detailed Summary Page	21b	22 X 23	24 25 26 28c 29 30b		
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Any information copied from such Reports and Stater or for commercial purposes, other than using the nan						
NAME OF COMMITTEE (In Full)						
American Health Care Association	Political Action Com	mittee				
Full Name (Last, First, Middle Initial)			Data of Bishoosaa			
A. VARGAS FOR CONGRESS			Date of Disburseme	nt		
Mailing Address 330 Encinitas Blvd.			05 28	2014		
Suite 101	7'- 0-1-					
City S Encinitas	State Zip Code CA 92024		Transaction ID : D	158535		
Purpose of Disbursement	92024					
Contribution			Amount of Each Dis	bursement this Period		
Candidate Name		Category/		2500.00		
Rep. Juan Vargas		Type		2300.00		
	nent For: 2014					
Senate President	Primary General Other (specify)					
State: CA District: 51	Offier (Specify)					
Full Name (Last, First, Middle Initial)						
B. LYNN JENKINS FOR CONGRESS	3		Date of Disburseme	nt		
ETTATOLINATOR OCTORES	,		M M / D D	/ Y Y Y Y Y		
Mailing Address P.O. Box 1441			05 14	2014		
	State Zip Code KS 66601		Transaction ID : D	158278		
Topeka Purpose of Disbursement	KS 66601					
Contribution			Amount of Each Dis	bursement this Period		
Candidate Name		Category/				
Rep. Lynn Jenkins		Type		3000.00		
	nent For: 2014					
	Primary General					
President District: 00	Other (specify) ▼					
State: KS District: 02						
Full Name (Last, First, Middle Initial) C. TIBERI FOR CONGRESS			Date of Disburseme	nt		
or TIBERT FOR CONGRESS			M M / D D	/ Y Y Y Y		
Mailing Address 2931 E Dublin Granville Road			05 07	2014		
,	State Zip Code		Transaction ID : D	158120		
Columbus Purpose of Disbursement	OH 43231					
Contribution			Amount of Foob Dio	bursement this Period		
Candidate Name		Catagony	Amount of Each Dis	bursement this Period		
Rep. Pat Tiberi		Category/ Type		2000.00		
	nent For: 2014					
Senate	Primary General					
President	Other (specify) ▼					
State: OH District: 12						
			· · · · · ·	7500.00		
SUBTOTAL of Disbursements This Page (optional)		······		7500.00		
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TOTAL This Period (last page this line number only)						

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 37 OF 40				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only				
	Detailed Summary Page	21b	22 X 23	24 25 26		
[27	28a 28b	28c 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)	and addition of any point		23.13.1 CONTRIBUTIONS II			
American Health Care Association	Political Action Cor	nmittee				
/ American ricalin date Association	i i oliticai / totion coi	minuoo				
Full Name (Last, First, Middle Initial)						
A. DUFFY FOR CONGRESS			Date of Disbursement			
Mailing Address DO Day 500			M M / D D	/ Y Y Y Y		
Mailing Address PO Box 538			05 28	2014		
City	State Zip Code					
Wausau	WI 54402		Transaction ID : I	D158537		
Purpose of Disbursement Contribution						
			Amount of Each Di	sbursement this Period		
Candidate Name		Category/		2500.00		
Rep. Sean P. Duffy Office Sought: House Disburse	ement For: 2014	Туре		7		
Senate	Primary Seneral					
President	Other (specify)					
State: WI District: 07	1					
Full Name (Last, First, Middle Initial)						
B. STIVERS FOR CONGRESS			Date of Disburseme	ent		
			M M / D D	/		
Mailing Address 4679 Winterset Drive			05 07	2014		
City	State Zip Code					
Columbus	OH 43220		Transaction ID : I	D158122		
Purpose of Disbursement						
Contribution			Amount of Each Di	sbursement this Period		
Candidate Name		Category/		3000.00		
Rep. Steve Stivers Office Sought: House Disburse	ement For: 2014	Type				
Senate	Primary Seneral					
President	Other (specify) ▼					
State: OH District: 15	, , , , ,					
Full Name (Last, First, Middle Initial)						
C. FRIENDS OF TODD YOUNG, INC	C .		Date of Disburseme	ent		
			M M / D D	/		
Mailing Address PO BOX 1053			05 07	2014		
City	State Zip Code					
BLOOMINGTON	IN 47402		Transaction ID : I	D158124		
Purpose of Disbursement Contribution						
			Amount of Each Di	sbursement this Period		
	Candidate Name			2500.00		
Rep. Todd C. Young Office Sought:	ement For: 2014	Туре		7		
Senate Sought.	Primary General					
President	Other (specify)					
State: IN District: 09	, , , , , , , , , , , , , , , , , , ,					
,						
SUBTOTAL of Disbursements This Page (optional).			40	8000.00		
		<u> </u>				
TOTAL This Period (last page this line number only	/)					

SCHEDULE B (FEC Form 3X)		PAGE 38 OF 40					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 38 OF 40 (check only one)					
	Detailed Summary Page	21b		24 25 26 28c 29 30b			
		27					
Any information copied from such Reports and State or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
American Health Care Association	Political Action Com	nmittee					
Full Name (Last, First, Middle Initial)							
A. TOM RICE FOR CONGRESS			Date of Disbursement				
Mailing Address 1113 48TH AVE., N.			05 28	2014			
City	State Zip Code		Transaction ID : D15	9539			
MYRTLE BEACH	SC 29577		Transaction ib . bis	0000			
Purpose of Disbursement Contribution			Amount of Each Disbu	rsement this Period			
Candidate Name		Category/					
Rep. Tom Rice		Type		1000.00			
	ment For: 2014						
Senate	Primary General						
State: SC District: 07	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
B. RYAN COSTELLO FOR CONGRI	FSS		Date of Disbursement				
			M = M / D = D /	Y Y Y Y			
Mailing Address PO BOX 89			05 16	2014			
City PHOENIXVILLE	State Zip Code PA 19460		Transaction ID : D15	58377			
Purpose of Disbursement	10400						
Contribution			Amount of Each Disbu	rsement this Period			
Candidate Name		Category/		2500.00			
RYAN A COSTELLO		Туре		2300.00			
	ment For: 2014	noval					
Senate President	Primary General Other (specify) ▼						
State: PA District: 06	Other (opcomy)						
Full Name (Last, First, Middle Initial)							
C. CORY BOOKER FOR SENATE			Date of Disbursement				
			M M / D D /	Y Y Y Y			
Mailing Address PO Box 32237			05 29	2014			
City	State Zip Code						
Newark	NJ 07102-0637		Transaction ID : D15	00041			
Purpose of Disbursement Contribution							
Candidate Name			Amount of Each Disbu	rsement this Period			
Sen. Cory A. Booker		Category/ Type		5000.00			
	ement For: 2014	. , , po	4	7			
∑ Senate ∑	Primary General						
President	Other (specify) ▼						
State: NJ District:	- 						
				0500.00			
SUBTOTAL of Disbursements This Page (optional).				8500.00			
TOTAL This Poyled (lest none this line name)	·\						
TOTAL This Period (last page this line number only	')						

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: P	AGE 39 OF 40
ITEMIZED DISBURSEMENTS	BURSEMENTS Use separate schedule(s) (check or		ly one)	
	Detailed Summary Page	21b 27	22 X 23 24 28a 28b 28c	25 26 29 30b
Any information against from such Departs and Classes	monto movement ha sald as asset			
Any information copied from such Reports and States or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)				
American Health Care Association	Political Action Com	nmittee		
Full Name (Last, First, Middle Initial)				
A. MARK PRYOR FOR US SENATE	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address PO BOX 2720				
City	State Zip Code		Transaction ID - D4500	100
LITTLE ROCK	AR 72203		Transaction ID : D1582	282
Purpose of Disbursement Contribution			Amount of Each Disburs	ement this Period
Candidate Name Category/				2500.00
Sen. Mark Pryor Office Sought: House Disburse	ment For: 2014	Туре		200.00
Senate President	Primary General Other (specify)			
State: AR District:	· · · · · · · · · · · · · · · · · · ·			
Full Name (Last, First, Middle Initial)				
B. SHORE PAC			Date of Disbursement	Y
Mailing Address PO. Box 3157			05 28	2014
Long Branch	State Zip Code NJ 07740		Transaction ID : D1585	536
Purpose of Disbursement Contribution			Amount of Each Disburs	ement this Period
Candidate Name		Category/ Type		2500.00
Senate President	ment For: Primary General Other (specify)			
State: District: Full Name (Last, First, Middle Initial)				
C. THE HAWKEYE PAC	Date of Disbursement			
Mailing Address PO BOX 192			05 14	2014
City State Zip Code DES MOINES IA 50301			Transaction ID : D1582	280
Purpose of Disbursement Contribution			Amount of Foot Pick	oment this Desire
Candidate Name Category/ Type			Amount of Each Disburs	5000.00
Office Sought: House Disbursel	ment For:	71: -		
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)		·····	, , , , ,	10000.00
TOTAL This Period (last page this line number only))	·····		80000.00

CHEDULE B (FEC Form 3X)		TOD ! INT	FOR LINE NUMBER: PAGE 40 OF 40		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	-	FOR LINE NUMBER: PAGE 40 OF 40 (check only one)		
I LIVIIZED DISDUNSEIVIEN IS		21b	22 23 24 25 26		
	Detailed Suffilliary Page	27	28a 28b 28c X 29 30l		
Any information copied from such Reports and Staten					
or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)					
American Health Care Association	Political Action Con	nmittee			
/ Full Name (Last, First, Middle Initial)					
A. Citizens for Grassley			Date of Disbursement		
Olizelia idi Olassiey			M M / D D / Y Y Y Y		
Mailing Address 30601 Deer Trail Dr.			05 14 2014		
-					
,	State Zip Code		Transaction ID : D158281		
New Hartford Purpose of Disbursement	IA 50660				
Non-Federal Contribution			Amount of Each Disbursement this Period		
Candidate Name					
		Category/ Type	1000.00		
Office Sought: House Disburser	nent For:				
	Primary General				
President	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)			Data of Dishursomert		
B. Friends of Anthony Brown		Date of Disbursement			
Mailing Address 12138 Central Ave			05 28 2014		
#163			2017		
City	State Zip Code		Transaction ID : D158539		
Bowie	MD 20721				
Purpose of Disbursement Non-Federal Contribution			Amount of Each Disbursement this Period		
Candidate Name			Amount of Lacit Dispursement this Period		
		Category/ Type	4000.00		
Office Sought: House Disburser	nent For:	- ,,,,,			
Senate	Primary General				
President	Other (specify)				
State: District:					
Full Name (Last, First, Middle Initial)			Date of District		
C.	Date of Disbursement				
Mailing Address			M M / D D / Y Y Y Y		
Mailing Address					
City	State Zip Code				
•	· 				
Purpose of Disbursement					
Candidate Name			Amount of Each Disbursement this Period		
Candidate Ivallie		Category/			
Office Sought: House Disburser	ment For:	Туре			
	Primary General				
President	Other (specify) ▼				
State: District:					
SUBTOTAL of Disbursements This Page (optional)		·····	5000.00		
		· ·			
TOTAL This Period (last page this line number only)			5000.00		